



City of Glendale
5850 W. Glendale Ave.
Glendale, AZ 85301
www.glendaleaz.com/taxandlicense

EXTENSION OF PREMISE APPLICATION

- ☐ Temporary Extension
☐ Permanent Extension

Account#

Account Name: _____

Business Address: _____

Purpose of the Extension: _____

Name of Applicant: _____ Phone Number: _____

Business Owner Name: _____ Phone Number: _____

Address of Business Owner: _____

Non-Profit Organization Name: _____ Phone Number: _____

Non-Profit Organization Address: _____

Federal ID Number _____

Date	Hours	Date	Hours
Day 1: _____	_____	Day 6: _____	_____
Day 2: _____	_____	Day 7: _____	_____
Day 3: _____	_____	Day 8: _____	_____
Day 4: _____	_____	Day 9: _____	_____
Day 5: _____	_____	Day 10: _____	_____

Patron Dancing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cover Charge	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Amount \$ _____
Live Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Type _____		
Adult Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor dining	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Served	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Alcohol Consumption	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Will there be fencing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	Type of Material _____ Height of Fence _____
	Number of Exit Gates _____ Width of Exit Gate(s) _____

Is Parking Area Exclusively for this Location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: How many parking spaces?	_____
Will any part of the event be in a Parking Lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shared with other businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be Vendors Outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: How many ?	_____



GAEX1011

Print version 04/2010-1

Account#

Have you contacted the City Planning Department about any potential zoning restrictions or Use Permit requirements that may apply to this property or business? ☐ Yes ☐ No

If "NO," please contact Development Services Center at 623-930-2800 or visit them on the 2nd Floor of Glendale City Hall, 5850 W Glendale Avenue.

****Please note that approval of a Permit does not guarantee that you will be issued a liquor license.***

I swear or affirm I have read all of the above questions and have personally provided all of the information to the best of my knowledge and belief and that all of it is true. I understand that all information regarding ownership of the business is very important and relevant to the processing of my application. I understand that if I provide any false information in this application, it may result in either a recommendation of disapproval of this application by the City of Glendale, criminal charges being filed against me, or both.

(Signature of person filling out this form)

(Date)

PLEASE SUBMIT THIS FORM ALONG WITH THE ARIZONA STATE LIQUOR LICENSE & CONTROL EXTENSION OF PREMISE APPLICATION AND A COPY OF THE ORGANIZATION'S LETTER OF DETERMINATION IF APPLICABLE.



ATTACHMENT
Print version 04/2010-1